

Avery Homes Hinckley Limited

# Hinckley House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Hinckley House Care Home is a residential care home providing personal care and accommodation for up to 60 people, some of whom have dementia. There were 54 people living at the service at the time of our inspection.

People's experience of using this service:

- People felt safe living at Hinckley House Care Home and with the staff team who supported them. The staff team were aware of their responsibilities for keeping people safe and had received the relevant safeguarding training.
- People felt that, overall, there were enough staff on duty to meet their care and support needs. Appropriate checks had been carried out on new members of staff through employment history had not always been explored. The staff team felt supported by the management team and involved in how the service was run.
- The risks associated with people's care and support had been appropriately assessed and managed. Checks had been carried out on the environment and equipment to ensure it was safe and fit for purpose.
- Plans of care had been developed and the staff team knew the people they were supporting well. People spoke highly of the staff team and told us they were treated with dignity and respect.
- People were supported to access healthcare services when needed, and they were supported to eat and drink well. Recommended fluids levels had not always been recorded as a target for staff to aim for. People were involved in making decisions about their care and support and their consent was always obtained.
- People were supported with their medicines in a safe way and as prescribed by their GP.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- People were provided with a clean and comfortable place to live and the staff team adhered to the providers infection control policy.
- People's personal preferences within daily living had been identified and they were supported to attend a wide range of activities.
- People were involved in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and staff team.
- There were comprehensive systems in place to monitor the quality and safety of the service being provided. A complaints process was in place and people knew who to talk to if they had any concerns.
- The registered manager worked in partnership with others to ensure people received safe care and support.

More information can be found in the detailed findings below.

Rating at last inspection: Good (report published 24 June 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Hinckley House Care Home

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people living with dementia.

**Service and service type:** Hinckley House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The Inspection was unannounced.

**What we did:** Before the inspection the provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

**During inspection:** We spoke with five people and six visitors. We also spoke with the registered manager, the deputy manager, a member of the senior management team and ten members of the staff team. A visiting healthcare professional was also spoken with. We observed support being provided in the communal areas

of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records, including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with a sample of the providers policies and procedures for our information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe living at the service. One person told us, "When I press the buzzer, it's ok. They are always there." A relative explained, "It is very reassuring to know that [person] is here, we can now go on holiday and know that [person] is safe."
- The staff team had received safeguarding adults training and they knew how to keep people safe from avoidable harm. One staff member explained, "I would go to my team leader or [deputy] or [registered manager]. They would act."
- People were safeguarded by the systems and processes in place. The management team understood their responsibilities for keeping people safe, including reporting any safeguarding issues to the local safeguarding team and the CQC.

Assessing risk, safety monitoring and management.

- Risks associated with people's care and support had been properly assessed and managed. They included risks associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.
- For people who required assistance to move around the service, this was done safely by staff members who had received the appropriate training in the moving and handling of people.
- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used. Personal emergency evacuation plans (PEEP's) were in place. These showed how everyone must be assisted in the event of an emergency. We did note some PEEP's had not been reviewed for some time. The deputy manager confirmed they were in the process of updating this documentation.

Staffing and recruitment

- People felt that, overall there were suitable numbers of staff available to meet their care and support needs. One person told us, "They come as quickly as they can, but sometimes I am kept waiting. When that happens, they will let you know that they are busy and that they will be with you shortly." Another told us, "They come within a reasonable time unless they are treating someone e.g. if someone has fallen over."
- The registered manager assured us staffing levels were regularly monitored to ensure appropriate numbers of staff were on duty to meet people's ongoing care and support needs.
- Staff members told us there were enough staff rostered on shift to enable them to meet people's needs appropriately. One explained, "Normally staffing levels are good, and the seniors will help if needed." Another told us, "There's usually time to sit and talk to people."
- Appropriate pre-employment checks had been carried out on new staff members to make sure they were safe and suitable to work at the service. We did note staff members employment history had not always been fully explored. We shared this with the registered manager for their information and action.

Using medicines safely.

- People were supported to have their medicines at the right times and in a safe way.
- Staff members had received training in medicine management and their competency was regularly checked.
- Protocols were in place for people prescribed medicines 'as and when required' such as for pain relief, and these gave clear instructions about when and why the medicines were to be given.

Preventing and controlling infection.

- The staff team had received training on the prevention and control of infection and they followed the providers infection control policy. We saw personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used throughout our visit.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

Learning lessons when things go wrong.

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. This included the improvement of medicines management following an incident where there had been a delay in a person receiving their medicine. Protocols were revisited, communication improved, and further training provided.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's individual care and support needs had been assessed and their diverse and cultural needs had been explored prior to them moving into the service. Expected outcomes had been identified and these were being monitored. A relative explained, "[Registered manager] came to the hospital to carry out an assessment."
- People were supported daily to make choices and decisions about their care and support.
- The staff team were supported by a range of health care specialists and care, treatment and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience.

- New staff members had been provided with an induction into the service. One explained, "I had three full days of induction. It's much better here than the last home I worked in."
- The staff team had the skills and knowledge to meet people's needs. Appropriate training had been completed and ongoing refresher training was provided.
- The staff team were supported through one to one supervisions and annual appraisals. One explained, "I feel listened too and with supervisions, you have a voice."

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to maintain a healthy balanced diet and were encouraged to eat and drink well. People's likes and dislikes with regards to food and drink had been explored and the staff team knew people's individual preferences.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- For people at risk of not getting the food and drink they needed to keep them well, monitoring charts were used to document their food and drink intake. We did note the recommended fluid levels were not always recorded. This meant the staff team did not have a daily fluid target to aim for. We shared this with the registered manager for their attention and action.
- People told us the meals served were good. One person explained, "The food is varied, and it is substantial. The cook is very good. The food is very nice."

Staff working with other agencies to provide consistent, effective, timely care.

- The staff team worked efficiently within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.

Supporting people to live healthier lives, access healthcare services and support.

- Changes in people's health were recognised quickly by the staff team and prompt and appropriate referrals were made to the relevant healthcare professionals. A visiting healthcare professional explained, "I know if I ask for something to be done, it will be done. It is a good service, one of the better care homes. It is reassuring to be able to walk away knowing things will be implemented."

Adapting service, design, decoration to meet people's needs.

- People's needs were met by the adaptation, design and decoration of the premises. The environment was purpose built and stylishly decorated. Each bedroom had an en-suite bathroom with a shower and each floor had a communal bathroom. Each floor had a lounge/dining area and a further lounge where people could spend time together or privately with their visitors. There was also a cinema room on the ground floor available for people to use. A relative told us, "They hold Saturday cinema days here."

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw DoLS had been submitted appropriately and conditions on authorisations were being adhered to.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People experienced positive caring relationships with the staff team. They told us staff members were kind and caring and they looked after them well. One person explained, "The staff are always nice." A relative explained, "I'm very happy with the care. There isn't a member of staff that I'd say, 'I hope she's not on duty' when I arrive. They are all very good."
- Staff understood the importance of promoting equality and diversity and respecting people's religious beliefs. They had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them.

Supporting people to express their views and be involved in making decisions about their care.

- People were encouraged and supported to make decisions about their care and support daily. We observed people deciding how to spend their day, whether to join in the activities offered and where to take their meals. One person told us, "I can choose what I do. They [staff team] are very good, they always offer choices."
- The staff team had the time to provide people with the emotional support they needed when they needed it. We observed the staff team supporting people. They always had time to stop and chat when people wanted to. One person told us, "The girls are very good and can't do enough for you. I always have a laugh with them." The staff team chatted with people in a relaxed, friendly manner and people responded with smiles.
- For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, advocacy services were made available. An advocate is a trained professional who supports, enables and empowers people to speak up. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence.

- We observed staff talking kindly to people and treating them with respect. In one person's room we observed two staff members settling the person into their chair. They were polite and caring and listened to the person's requests. This included turning the fan on for them and placing it where the person wanted it. They made sure the person's cushions were in the correct place, so they were comfortable for the morning ahead.
- The staff team gave us examples of how they promoted people's privacy and dignity. One explained, "I always close the door and knock before I enter."
- People were supported to maintain relationships with those who were important to them and relatives and friends could visit at any time. A relative explained, "I can visit anytime and they [staff team] are very welcoming."

- Information about people was stored securely to maintain their confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had been involved in the planning of their care with the support of their relatives. A relative told us, "I was involved in the care plan and still am. A review is coming up and I have just been given an appointment letter for the next review."
- People received care and support based on their individual needs. Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. They covered areas such as, mobility, their nutritional needs and the personal care they required. Plans seen had been reviewed monthly or sooner if changes to the person's health and welfare had been identified. The deputy manager explained a training session on care planning had been arranged for the day following our visit and people's documentation would be reviewed and where required, updated, ensuring all relevant information was included.
- People's plans of care included information about their past history, their spiritual needs and the hobbies and interests they enjoyed. This ensured staff understood people's life history and what was most important to them.
- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager could access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated.
- People were supported to follow their interests and take part in activities of their choice. An activities team known as the 'pink ladies' provided an extensive range of activities such as knit and natter, arts and crafts and movie matinee's. Outside entertainers visited on a regular basis and links with local schools had been forged enabling visits to be carried out between them and the people using the service. Regular church services were provided, and a bible study session had recently been introduced for people interested in following their faith.

Improving care quality in response to complaints or concerns.

- A formal complaints process was in place and this was displayed for people's information.
- People knew who to talk to if they had a concern or complaint of any kind. A relative explained, "If I saw things that I didn't like and highlighted them, they always got resolved."
- When a complaint had been received, this had been handled and investigated appropriately.
- Complaints were analysed to see if any action was needed to improve the service.

End of life care and support.

- People had been able to discuss their wishes at the end of their life with the management team. The staff

team had received relevant training and knew how to support people at the end of their life. We saw feedback from a relative of a person who had recently passed away. It complimented the staff team for their caring, compassionate and professional manner.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- A registered manager was in place and people spoke positively about them and the management team. One person explained, "The manager is approachable. It's very well run. Procedures are in place and staff know what they are doing."
- Monitoring systems were in place to monitor the quality and safety of the service. Records showed where issues had been identified, the appropriate action had been taken.
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required through the providers supervision and appraisal processes.
- The staff team felt supported by the registered manager and management team and felt able to discuss any issues or concerns with them. One explained, "I feel very much supported. I do ask a lot of questions and the manager has never made me feel bad about asking questions. He is very good."
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The staff team understood the provider's vision for the service and they told us they worked as a team to deliver high standards of care and support. One explained, "Our aim is to offer person centred care, to make it feel like their home and to give as much choice as possible."
- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and relevant stakeholders.
- The service had received the silver Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.
- The local authority had also awarded the staff team with a dignity award and eleven members of staff had been identified as dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe the service they provide must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

- The service was focussed on the people using it with clear recognition given to the fact that it was their home.
- The registered manager worked in an open and transparent way when incidents occurred in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People using the service, their relatives and the staff team had been involved in how the service was run and their view's and thoughts were regularly sought.
- Annual surveys had been used. Information received within surveys returned had been analysed and made available to people for their information.
- Meetings with people using the service had been held and people were encouraged and enabled to share their thoughts. A relative explained, "Meetings take place, whilst I don't attend relative's meetings, I can always make my opinions known at carers' review meetings and via the questionnaire they send out."

Continuous learning and improving care.

- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.

Working in partnership with others.

- The registered manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received the care and support they needed.